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PTO/SB/97 (08-09)

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Serial No.: 09/900,369

Docket No.: PU010126

Examiner: Sharlene L. Leurig

Transmittal Form (2 Copies - 2 Pages)

Fee Transmittal Form (2 Copies - 2 Pages)

Petition for Extension of Time (2 Copies - 2 Pages)

Notice of Appeal (2 Pages)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/900,369
	Filing Date	July 7, 2001
	First Named Inventor	Alan Weir Bucher
	Art Unit	2879
	Examiner Name	Charlene L. Leurig
Total Number of Pages in This Submission	Attorney Docket Number	PU010126

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Thomson Licensing Inc.		
Signature	<i>Patricia A. Verlangieri</i>		
Printed name	Patricia A. Verlangieri		
Date	December 2, 2005	Reg. No.	42,201

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Typed or printed name	Patricia A. Verlangieri	Date December 2, 2005

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number	09/900,369
Filing Date	July 7, 2001
First Named Inventor	Alan Weir Bucher
Art Unit	2879
Examiner Name	Sharlene L. Leurig
Attorney Docket Number	PU010126

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thomson Licensing Inc.		
Signature	<i>Patricia A. Verlangeri</i>		
Printed name	Patricia A. Verlangeri		
Date	December 2, 2005	Reg. No.	42,201

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Signature	<i>Patricia A. Verlangeri</i>		
Typed or printed name	Patricia A. Verlangeri	Date	December 2, 2005

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003. Patent fees are subject to annual revision.		Application Number	09/900,369
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 8, 2001
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Alan Weir Bucher
1520		Examiner Name	Sharon L. Laurig
		Art Unit	2879
		Attorney Docket No.	PU010126

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING INC., Customer No. 24498		Large Entity Small Entity	
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Code Fee (\$)	
FEE CALCULATION		Fee Description	
1. BASIC FILING FEE		Fee Paid	
Large Entity Small Entity			
Fee Code Fee (\$)			
1001 780 2001 385 Utility filing fee			
1002 350 2002 170 Design filing fee			
1003 550 2003 265 Plant filing fee			
1004 790 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1)		(\$)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims: 0			
Independent Claims: 0			
Multiple Dependent Claims: 0			
Large Entity Small Entity			
Fee Code Fee (\$)			
1202 18 2202 9 Claims in excess of 20			
1201 88 2201 43 Independent claims in excess of 3			
1203 300 2203 145 Multiple dependent claim, if not paid			
1204 88 2204 43 Reissue independent claims over original patent			
1205 16 2205 9 Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$)	
or number previously paid, if greater. For Reissues, see above			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type): Patricia A. Verlangieri		Registration No. (Attorney/Agent): 42261	
Signature: Patricia A. Verlangieri		Telephone: (609) 734-6887	
		Date: December 2, 2005	

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